

CALIFORNIA DEPARTMENT OF CHILD SUPPORT SERVICES

P.O. Box 419064, Rancho Cordova, CA 95741-9064



October 1, 2004

CSSIN LETTER: 04-23

ALL IV-D DIRECTORS
ALL COUNTY ADMINISTRATIVE OFFICERSSUBJECT: OFFICE OF CHILD SUPPORT ENFORCEMENT AND FRANCHISE TAX
BOARD ANNUAL END-OF-YEAR PROCESSING

This letter is to remind you that the federal Office of Child Support Enforcement (OCSE) will soon begin the yearly full file replacement of California cases and annual processing of year-end reports.

For the past several years, OCSE has used the last two months of the calendar year to process the States' master files, reconciliations, and year-end reports. The Integrated Data Base (IDB) will freeze all submissions to OCSE beginning October 28, 2004, so the annual full file replacement can be processed at OCSE before their freeze period of November 16 -December 6, 2004. Please continue to submit updates to the Integrated Database (IDB). These updates will continue to be processed by IDB at the State level. IDB will perform a reconciliation with OCSE immediately after the freeze period ends.

The cutoff for Franchise Tax Board (FTB) submissions is November 18, 2004, so the annual full file replacement can be processed. FTB file submissions resume January 5, 2005.

During the freeze period, there is a possibility that erroneous intercept offsets may be taken because exclusion codes, modifications, adds and deletes will not be processed by OCSE or FTB. If this should occur, follow the practices that have been established in the past to identify and correct these offsets.

The passport denial program will continue as usual with the exception of the 'PAS' exclusion code and the routine withdrawal of passport denials. Until the annual update process has been completed by OCSE, Department of Child Support Services (DCSS) will not submit 'PAS' exclusion code adds or deletes. Passport denial withdrawal

Reason for this Transmittal

- ☐ State Law or Regulation Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order or Settlement Change
- ☐ Clarification requested by One or More Counties
- ☒ Initiated by DCSS

requests that meet the criteria for expedited processing will continue to be expedited within 72 hours. Attached for your convenience is the updated Child Support Program Passport Request form (DCSS 0056). Direct all requests for withdrawal of passport denials to the DCSS Customer Service Analysis and Reporting Team. In each case, the attached Child Support Program Passport Denial Release form, DCSS 0056, must be completed and faxed to (916) 464-5062.

Upon receipt of your fax, DCSS will then fax your request to OCSE for processing. During this end-of-year processing, OCSE will accept routine withdrawal requests. Since OCSE is providing all 50 states this special service during the annual processing period, please use your discretion when requesting routine withdrawals.

If you have any questions or concerns regarding this matter, please contact Tanya Morales at Tanya.Morales@dcss.ca.gov or (916) 464-5261.

Sincerely,

JOAN OBERT
Deputy Director
Technology Services Division

Attachment

cc: All Intercept Coordinators
All Passport Coordinators

CHILD SUPPORT PROGRAM PASSPORT RELEASE REQUEST

DCSS 0056 (09/10/04)

Key Data Entry Use Only - 30201					
County Code	Process Year	Record Type	Social Security Number	Exclusion Code Field 22	Other
		2		PAS	

FAX TO: DEPARTMENT OF CHILD SUPPORT SERVICES (916) 464-5062

<input type="checkbox"/> EXPEDITE	<input type="checkbox"/> DEATH <input type="checkbox"/> IMMINENT DEATH <input type="checkbox"/> ERRONEOUS SUBMISSION	<input type="checkbox"/> ROUTINE <input type="checkbox"/> BANKRUPTCY
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OBLIGOR/REQUESTOR INFORMATION

NAME:	SSN:
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PLACE OF BIRTH:	DATE OF BIRTH:
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PHONE NUMBERS:

HOME: () _____ - _____ WORK: () _____ - _____

CELL / MOBILE / OTHER: () _____ - _____

PASSPORT OFFICE LOCATION: _____ (FROM DENIAL NOTICE RECEIVED FROM U.S. DEPARTMENT OF STATE)

LOCAL CHILD SUPPORT AGENCY (LCSA) INFORMATION

ORIGINATING LCSA NAME:	LCSA CODE:
LCSA CONTACT NAME:	DATE SUBMITTED:
DIRECT PHONE NUMBER: () _____ - _____	LCSA APPROVAL RECOMMENDED: <input type="checkbox"/> YES <input type="checkbox"/> NO

PAYMENT INFORMATION

ARREARS BALANCE: \$ _____

AMOUNT PAID DOWN: \$ _____

WAGE ASSIGNMENT: ☐ YES ☐ NO MONTHLY AMOUNT \$ _____INDICATE WHERE MONEY WAS SENT/APPLIED: ☐ PUBLIC ASSISTANCE REIMBURSEMENT☐ CUSTODIAL PARTY

FOR STATE USE ONLY:	RELEASE REQUEST APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATABASE UPDATED BY: _____ DATE: _____ DCSS EMPLOYEE NAME (FIRST & LAST)